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**United States Bankruptcy Court**  
of the  
**Northern District Of Illinois**  
**Western Division**

## Trustee's Final Report

In Re: DANNY H. KELLER & CHERYL A. KELLER  
1526 SOUTH 5TH AVENUE  
ROCKFORD, IL 61104

Case Number: 05-73204  
SSN-xxx-xx-0398 & xxx-xx-1326

Case filed on: 6/27/2005  
Plan Confirmed on: 8/19/2005

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$23,384.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
772	CLERK OF U.S. BANKRUPTCY COURT	0.00	0.00	0.00	0.00
	Total Administration	0.00	0.00	0.00	0.00
000	ATTORNEY GARY C FLANDERS	2,200.00	2,200.00	2,200.00	0.00
	Total Legal	2,200.00	2,200.00	2,200.00	0.00
002	AURORA LOAN SERVICE	0.00	0.00	0.00	0.00
021	SEARS	0.00	0.00	0.00	0.00
201	CODILIS & ASSOCIATES P C	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
999	DANNY H. KELLER	0.00	0.00	272.00	0.00
	Total Debtor Refund	0.00	0.00	272.00	0.00
001	AURORA LOAN SERVICES INC	20,668.38	0.00	0.00	0.00
	Total Secured	20,668.38	0.00	0.00	0.00
003	AT&T	0.00	0.00	0.00	0.00
004	ECAST SETTLEMENT CORPORATION	13,544.66	13,544.66	6,768.33	0.00
005	ECAST SETTLEMENT CORPORATION	8,777.23	8,777.23	4,386.01	0.00
006	BLAIR	0.00	0.00	0.00	0.00
007	CAMELOT RADIOLOGY	0.00	0.00	0.00	0.00
008	LVNV FUNDING LLC	3,129.61	3,129.61	1,563.88	0.00
009	CITY OF ROCKFORD / ROCKFORD SURGICAL	0.00	0.00	0.00	0.00
010	CREDITORS BANKRUPTCY SERVICE	201.19	201.19	98.00	0.00
011	GOODYEAR CREDIT PLAN	0.00	0.00	0.00	0.00
012	HOME DEPOT CREDIT SERVICES	0.00	0.00	0.00	0.00
013	ECAST SETTLEMENT CORPORATION	202.14	202.14	98.46	0.00
014	IHC SWEDISH AMERICAN	0.00	0.00	0.00	0.00
015	MEDICAL PAIN MANAGEMENT	0.00	0.00	0.00	0.00
016	NICOR GAS	106.47	106.47	48.51	0.00
017	PORTFOLIO RECOVERY ASSOCIATES	4,561.42	4,561.42	2,279.36	0.00
018	RADIOLOGY CONSULTANTS	0.00	0.00	0.00	0.00
019	ROCKFORD ASSOCIATED PATHOLOGISTS	71.01	71.01	31.46	0.00
020	ROCKFORD E A S	461.58	461.58	219.03	0.00
022	LVNV FUNDING LLC	3,212.23	3,212.23	1,605.16	0.00
023	CREDITORS BANKRUPTCY SERVICE	75.24	75.24	32.37	0.00
024	ST. ANTHONY MEDICAL CENTER	0.00	0.00	0.00	0.00
025	SWEDISH AMERICAN HOSPITAL	0.00	0.00	0.00	0.00
026	WELLS FARGO FINANCIAL	963.27	963.27	481.35	0.00
027	MUTUAL MANAGEMENT SERVICES	1,307.28	1,307.28	653.25	0.00
028	ROCKFORD MERCANTILE AGENCY INC	915.83	765.45	449.16	0.00
029	ECAST SETTLEMENT CORPORATION	1,443.29	1,443.29	721.21	0.00
	Total Unsecured	38,972.45	38,822.07	19,435.54	0.00
	Grand Total:	61,840.83	41,022.07	21,907.54	0.00

Total Paid Claimant: \$21,907.54  
Trustee Allowance: \$1,476.46  
Percent Paid Unsecured: 50.06

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

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**United States Bankruptcy Court**  
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**Western Division**

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 01/23/2009

By /s/Heather M. Fagan